

# Foster Family Home - Corrective Action Report

Provider ID: 1-170009

Home Name: Norma Maneja, CNA

Review ID: 1-170009-6

91-1165 Kumulipo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 3/17/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed recertification inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for client # 2

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) MD order and service plan have different for client # 1  
Unable to locate signed by the MD for client # 3

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


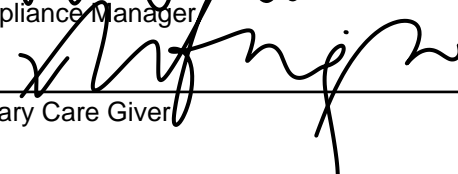
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan not update since 6/2020 for client # 3

54.(c)(5) client # 1 medications not signed since 3/13/21

54.(c)(5) Medication discrepancy for client # 3 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

  
Compliance Manager  
  
Primary Care Giver

3/18/21  
Date  
3/18/21  
Date

CTA RN Compliance Manager: Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Norma Maneja

(PLEASE PRINT)

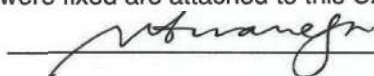
CCFFH Address: 91-1165 Kumulipo St. Kapolei, Hawaii 96707

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.(d)(1)	Client #1's [REDACTED] was sent to the former caregiver. CG#1 obtained [REDACTED] Client #3's [REDACTED] was faxed by MD to CG#1, [REDACTED] was placed and organized in client#3's binder	3/19/2021 3/25/2021	[REDACTED] will be obtained from Doctor by CG#1. It will be placed and organized in each client's binders.
43.c.3	RN delegations have been completed, signed, and placed in the client's binder.	3/22/2021	Home will request delegations from case management RN with each change in medications/ new client/ new procedure to remain compliant.
54.(c)(2)	Service plans for client #3 was placed in the client's binder.	3/11/2021	All service plans for each client will be placed and organized in client's binder
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	3/30/2021	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy, and/or doctor if they are different.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_



Date: 4-15-21

☒ CTA has reviewed all corrected items